

LOUISIANA DEPARTMENT OF INSURANCE
Initial Application/Annual Renewal for Resident or Nonresident
Specialty Limited Lines Credit Insurance Producer
(Please Print or Type)

① Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ DBA/Trade Name (if applicable)		⑤ LA license #		⑥ State of Domicile	
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number		⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑨ Business Address		⑩ City		⑪ State	⑫ Zip Code
⑬ Phone Number () -	⑭ Fax Number () -	⑮ Business Web Site Address		⑯ Business E-Mail Address	
⑰ Mailing Address		⑱ P.O. Box	⑲ City		⑳ State
					㉑ Zip Code

㉒ Check One <input type="checkbox"/> License for Specialty Limited Lines Credit Fee = \$1,000.00 plus \$20.00 per employee or representative <input type="checkbox"/> License Registering 20 or fewer employees or representatives Fee = \$250.00 plus \$20.00 per employee or representative			<input type="checkbox"/> Renewal of Specialty Limited Lines Credit License Fee = \$500.00 plus \$10.00 per employee or representative <input type="checkbox"/> Renewal Registering 20 or fewer employees or representatives Fee = \$125.00 plus \$10.00 per employee or representative		
㉓ Select a line of authority <input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Health & Accident <input type="checkbox"/> Credit Property & Casualty					

㉔ Below give a list of the physical locations where activities authorized by the specialty limited lines credit insurance producer license will be conducted. Use additional sheets as needed.					
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		

㉕ Below give the name of each employee or representative to be registered under the specialty limited lines credit insurance producer license. Please remember to include a fee of \$20.00 per employee/representative for initial registration or \$10.00 per employee/representative for annual renewal. The registration fee shall not exceed \$2,500.00 annually for each license. Use additional sheets as needed.					
Name of Employee _____			Name of Employee _____		
Position _____			Position _____		
Business Location Assigned _____			Business Location Assigned _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Name of Employee _____			Name of Employee _____		
Position _____			Position _____		
Business Location Assigned _____			Business Location Assigned _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

Background Information

26 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
If you answer yes, you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
If you answer yes, you must attach to this application:
a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment. Yes ___ No ___
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___
If you answer yes, identify the jurisdiction(s): _____
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

27 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- I understand that this license authorizes an employee or representative of the license holder to participate in enrollment of retail sales and credit customers in the types of insurance specified without being licensed provided all of the following are true:
 - ✓ The employee or representative operates with permission from and under the supervision of the license holder.
 - ✓ The employee or representative has been instructed with respect to the disclosures which may be required to be made to consumers in connection with the sale of credit insurance.
 - ✓ The employee or representative is not primarily compensated based on the amount of insurance for which the employee or representative enrolls customers.

Month Day Year

Signature of Officer, Director, Principal or Partner of Business Entity

Typed or Printed Name

Social Security Number

**SPECIALTY LIMITED LINES CREDIT INSURANCE PRODUCER
CURRENT EMPLOYEE OR REPRESENTATIVE FORM**

A specialty limited lines credit insurance producer must submit a current list of employees every six (6) months. Please list all employees and representatives, including the names of people previously submitted to the Louisiana Department of Insurance. If you are adding a new employee or representative, you must include a fee of \$20.00 per person added. Please duplicate this form for additional locations.

[illegible]

Instructions

General Instructions

This packet is designed to assist the individual preparing the application in meeting the requirements of The Louisiana Department of Insurance. The forms and procedures of the application are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

While our Department staff will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.
- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application being returned to the applicant.
- All certified documents required in the application must be dated within ninety (90) days of submittal of the application.
- All certified documents required in the application must be originals.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.

All communications should be directed to:

The Louisiana Department of Insurance
Producer Licensing Division
Post Office Box 94214
Baton Rouge, LA 70804-9214
Phone (225) 342-0860
Fax (225) 342-3078

Specialty Limited Lines Credit Producer

- ❑ You must be a licensed insurance producer or limited lines credit insurance producer.
- ❑ You may only sell, solicit or negotiate insurance pursuant to a Specialty Limited Lines Credit Insurance Producer license in connection with retail sales transactions not exceeding \$10,000 per retail sale.
- ❑ All insurance written pursuant to a Specialty Limited Lines Credit Insurance Producer license shall be insured by a domestic insurer or alien insurer admitted in this state.
- ❑ The licensee shall submit a current list of employees or representatives every six months with a \$20.00 fee per employee/representative not previously listed.
- ❑ Nonresidents are permitted to obtain a Specialty Limited Lines Credit Insurance Producer license in Louisiana if the laws and regulations of their resident state do not prohibit the licensing of a Specialty Limited Lines Credit Insurance Producer from the state of Louisiana. If their resident state does prohibit the licensing of Louisiana residents, then the residents of that state shall not be permitted to obtain a Specialty Limited Lines Credit Insurance Producer license as a nonresident of Louisiana.
- ❑ This license permits the sale of both group and individual credit insurance in both single and joint coverages. A licensee may receive commissions or other compensation for services rendered in connection with the sale of credit insurance.

Specialty Limited Lines Credit Renewal

- ❑ The licensee shall submit an annual renewal application Form 1138.1 (Rev 04/03) along with a fee of \$500.00 plus \$10.00 per employee or representative. If the license has 20 or fewer employees/representatives, then the fee is \$125.00.